



Tennessee Department of Agriculture

Report of Completed Best Management Practices and
Request for Cost-Share Reimbursement

Use This Form for
Agricultural Resources
Conservation Fund
(ARCF) Projects
ONLY

Contractor Name (SCD, RC&D, etc.)		Name of Cooperator	
BMP(s) Installed. List BMP Name, NRCS Code Number, and Units of each BMP-(acres, feet, # of units, etc.)			
Total Project Cost		Cost-Share Amount	Acres Impacted by Project
			12-Digit HUC Watershed Number
Name of Stream Closest to the BMP Site		Latitude Coordinates of the BMP Location:	
Stream on the 303(d) List? (circle one)		_____ . _____ (decimal degrees)	
Yes No			
State House District Number	State Senate District Number	Longitude Coordinates of the BMP Location: (Always a negative number)	
		_____ . _____ (decimal degrees)	

All documentation and calculations pertaining to the above request have been reviewed and payment of the reimbursement is approved.

TDA Watershed Coordinator

Date

Accepted:

Date

Initial